

School Nutrition Programs (SNP)
Summer Food Service Program (SFSP)
Request for Vendor Number Form

Sponsor Name _____

Federal ID #: _____

Sponsor Address: _____

Sponsor Type: Choose one

☐ School Food Authority

☐ Private Residential Camp

☐ Unit of Government

☐ Public Residential Camp

☐ Private Non Profit

☐ College or University- NYSP/UBP

Requested by: _____ Cynthia D. Ervin, Nutrition Consultant

Office Use Only:

Sponsor Number (Assigned by NCDPI): _____

VENDOR #: _____ Vendor Group#: _____